

1635 FARADAY AVENUE
CARLSBAD, CA 92008
(760) 602-2495
(760) 602-8553 fax
business.license@carlsbadca.gov

CITY OF CARLSBAD

APPLICATION FOR BUSINESS LICENSE

PLEASE CHECK THIS BOX IF ☐
HOME BASED BUSINESS

FEE SCHEDULE
ON REVERSE SIDE

BUSINESS NAME: _____ **BUSINESS PHONE:** (____) _____

OWNER OR CORP. NAME: _____

BUSINESS ADDRESS:

(No. P.O. Boxes or
Personal Mail Boxes-PMB)
(Number) (Street) (Suite No.)
(City) (State) (Zip Code)

MAILING ADDRESS:

(If different)
(Number) (Street) (Suite No.)
(City) (State) (Zip Code)

EMERGENCY CONTACT: _____ **EMERGENCY PHONE:** (____) _____

TYPE OF ORGANIZATION: (Check One) **DATE BUSINESS STARTED IN CARLSBAD:** ____/____/____
SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

APPLICANT NAME/ADDRESS: (OWNER OR IF PARTNERSHIP/CORP, GIVE NAMES OF PARTNERS OR CORP. OFFICERS)

(TITLE)	(TITLE)	(TITLE)
(NAME)	(NAME)	(NAME)
(ADDRESS)	(ADDRESS)	(ADDRESS)
(CITY/STATE) (ZIP)	(CITY/STATE) (ZIP)	(CITY/STATE) (ZIP)
(PHONE)	(PHONE)	(PHONE)

BUSINESS DESCRIPTION:

(PLEASE BE SPECIFIC)

PROVIDE THE FOLLOWING WHERE APPLICABLE: E-MAIL ADDRESS: _____

STATE SALES TAX NUMBER _____ FEDERAL TAX I.D. NUMBER _____ CA DRIVERS LICENSE _____
STATE CONTRACTOR CLASS _____ STATE EMPLOYER IDENTIFICATION NUMBER _____ SOCIAL SECURITY NUMBER _____
LICENSE NUMBER

GROSS RECEIPTS LICENSE

ESTIMATED GROSS RECEIPTS _____
DIVIDE BY 1000 /1000
SUB TOTAL _____
MULTIPLY BY TAX RATE x _____
SUBTOTAL _____
ADD BASE FEE + \$25.00
SUBTOTAL _____
LATE PENALTY (25% to 50%) _____
STATE MANDATED FEE + \$1.00
TOTAL _____

FLAT FEE LICENSE

AMOUNT _____
ADDITIONAL TRUCKS @ 3/5 EA _____
LATE PENALTY (25% to 50%) _____
STATE MANDATED FEE + \$1.00
TOTAL _____

PROFESSIONAL FEE LICENSE

NO. OF PROFESSIONALS _____
MULTIPLY x \$50.00
SUBTOTAL _____
LATE PENALTY (25% to 50%) _____
STATE MANDATED FEE + \$1.00
TOTAL _____

****MINIMUM LICENSE FEE IS \$31.00****

MAKE CHECKS PAYABLE TO: CITY OF CARLSBAD AND RETURN WITH APPLICATION

EXECUTED THIS _____ DAY OF _____, _____. I, _____
(Day) (Month) (Year) (Print full name)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE _____ TITLE _____

OFFICE USE ONLY

License # _____ Exp. Date _____ NAICS # _____ Charge Code _____ Bus. Location _____

GROSS RECEIPTS

BUSINESS LICENSE FEES FOR THE CATEGORIES LISTED BELOW ARE BASED ON ANNUAL GROSS RECEIPTS. THERE IS A BASE FEE OF \$25.00 PLUS THE AMOUNT CALCULATED PER EACH \$1000 ANNUAL GROSS RECEIPTS. GROSS RECEIPTS MUST BE ESTIMATED FOR ONE YEAR IN ADVANCE. IN NO EVENT SHALL THE LICENSE FEE BE LESS THAN \$30.00.

A = 40¢ PER THOUSAND

BEAUTY SALON/BARBER SHOP
BEAUTY SCHOOL
BOOKKEEPER
BOTTLED WATER SERVICE
COLLECTION AGENCY
DANCING SCHOOL/TEACHER
DESIGNER
DRAFTSPERSON
ELECTROLOGIST
EMPLOYMENT AGENCY/SERVICE
ESTHETICIAN/FACIALIST
FAST FOOD RESTAURANT
FINANCIAL/LOAN/MORTGAGE BROKER
FUNERAL HOME
FURNITURE REFINISHING
HAIRDRESSER
ILLUSTRATOR/COMMERCIAL ARTIST
INSTRUCTOR
INSURANCE CO.
INTERIOR DECORATOR/DESIGN
INTERPRETER/TRANSLATOR
MANICURIST
MUSIC SCHOOL/TEACHER
PHOTOGRAPHERS
PLUMBING & HEATING SALES
RADIO STATION
REPAIR/MAINTENANCE SERVICE
ROCK & SAND
SUN TAN SALON
STOCK/BOND/SECURITY BROKERAGE
TAILOR/DRESSMAKER
UPHOLSTERY SHOP
VIDEOTAPING

B = 35¢ PER THOUSAND

ADVERTISING/DISTRIBUTION
AIRCRAFT SALES/RENTAL/REPR & SVC
ANTIQUES/COLLECTIBLES
AUTO GARAGE REPAIR
AUTO PARTS/TIRES/TOWING
AUTO RENTING/LEASING
BAKERY/BREAD SHOP
BUYING/RESELL SERVICE
CANDY/NUTS/CONFECTIONARY
CARPET/UPHOLSTERY CLEANING
CLEANING/JANITORIAL
COCKTAIL LOUNGE/TAVERN
COLOR CONSULTANT
CONSIGNMENT SHOP
CRAFTS/HOBBIES
DATA PROCESSING/KEYPUNCH

DAY CARE/NURSERY
DELICATESSEN
DELIVERY SERVICE
EDUCATIONAL
ENGRAVER
ENTERTAINMENT/SHOWS
EQUIPMENT/MACHINE LEASE & SALES
EXERCISE/HEALTH SPA
FLIGHT INSTRUCTOR/SCHOOL
FLOOR COVERINGS
GREETING CARDS
HANDYMAN
IMPORT/EXPORT SALES
INVESTMENTS
JUNK
LANDSCAPE
LAPIDARY SHOP
LIQUOR STORE/BROKER
MAIL BOX SERVICE
MAIL ORDER
MARKETING/MANUFACTURES REP
MISCELLANEOUS
MOVER
MUSIC STORE/SUPPLIES
PACKAGING
PARTY PLAN SALES/DEMONSTRATION
PET SHOP
PRINTING/DUPLICATING
PRIVATE TRANSPORTATION
PUBLISHING
RECREATIONAL
RESTAURANT
RESTAURANT & BAR
RETIREMENT/NURSING HOME
ROAD/CONCESSION STAND
SECRETARY/OFFICE/ANSWERING SVC.
SELLING IN THE FIELDS
STORAGE
SUPPLIES
SWIMMING POOL SERVICE
TELEMARKETING
TOY STORE
TRAVEL AGENCY
VARIETY CONVENIENCE STORE
WEED ABATEMENT

SALES OR USE TAX MAY APPLY TO YOUR
BUSINESS ACTIVITIES. YOU MAY SEEK WRITTEN
ADVICE REGARDING THE APPLICATION OF TAX
TO YOUR PARTICULAR BUSINESS BY WRITING TO
THE NEAREST STATE BOARD OF EQUALIZATION
AT:

15015 Avenue of Science Ste 200
San Diego CA 92128

(858) 385- 4700

C = 30¢ PER THOUSAND

APPLIANCE STORE
ARCADES/AMUSEMENT PARK
AUTO DEALER
AUTO SERVICE STATION
BOARDING/ROOMING HOUSE
BOOKSTORE
BOWLING ALLEY
CAR WASH/DETAILING
CLOTHING/APPAREL STORE
COIN-OPERATED LAUNDRY
COMPUTER SALES/RENTALS
CREAMERY (ICE CREAM/DAIRY)
DEPARTMENT STORE
DIAPER SERVICE
DRAPERY/WINDOW
DRUG STORE/PHARMACY
FARM EQUIPMENT STORE
FEED & ICE DEALER
FLORIST/NURSERY
FURNITURE STORE
GIFT/NOVELTY/SOUVENIR
GROCERY/FOOD/MEAT SALES
HARDWARE STORE
JEWELRY
LAUNDRY/DRY CLEANERS
LOCKSMITH/KEY SHOP
LUMBER YARD/BUILDING
MOBILE HOME PARK
MOTEL/HOTEL
MOTORCYCLE DEALER
NURSERY/GARDEN SUPPLIES
NUTRITIONAL PRODUCTS
OFFICE SUPPLY STORE
PAINT/GLASS/WALLPAPER
PRODUCE/FRUIT STORE
PUBLIC HALLS/ICE RINK
RADIO/STEREO/TV SALES
RENTALS — 2 OR MORE
ROUTE DELIVERY
SHOE STORE
SPECIALTY STORE
SPORTING GOODS STORE
THEATER
TOBACCO/PERIODICALS
TRAILER/BOAT DEALER
TRAILER CAMP/COURT
VIDEO RENTAL/SALES

D = 20¢ PER THOUSAND

FARMER
GROWER
MANUFACTURER
RANCHER
WHOLESALE
WAREHOUSE/ADDITIONAL OFFICE

FLAT FEE LICENSES

PA

No fixed or Established Place of
Business in Carlsbad — Mobile Units

WHOLESALE:

BASIC FEE	\$20.00
PER PERSON	2.00

RETAILER:

BREAD & BAKERY SUPPLIES	\$ 80.00
CATERING TRUCKS	80.00
CONCRETE/ROAD MIX	100.00
DAIRY & ICE CREAM	80.00
DRY CLEANING	100.00
LAUNDRY	100.00
LINEN SERVICE	20.00
MEAT DISTRIBUTOR	80.00
PETROLEUM PRODUCTS (HOME)	20.00
RETAIL BOTTLED WATER	80.00
RETAIL ICE SUPPLY	80.00
ROCK & SAND	100.00
TRANSFER/DELIVERY	20.00
WATER SOFTENER SERVICE	100.00
SIMILAR NOT SPECIFIED	40.00

PB

PROFESSIONAL: \$50.00 Per Professional

ACCOUNTING/CPA
APPRAISER
ARCHITECT
ATTORNEY AT LAW
CHIROPRACTOR
COMPUTER CONSULTANT
CONSULTANT MISC.
COUNSELING
DENTIST
DOCTOR
ENGINEER
PHYSICAL THERAPIST
PODIATRIST
PRIVATE INVESTIGATOR
PROFESSIONAL — MISC.
REAL ESTATE
RESEARCH/DEVELOPMENT
VETERINARIAN
OPTOMETRIST

PC

CONTRACTORS:

GENERAL	\$80.00
SUB-CONTRACTOR	60.00
SIGN PAINTER	30.00

OTHER: Call Office for Fees/Procedures

AUCTION MARKET
AUCTIONEER
AUTO WRECKING YARD
BILLIARDS/CARD ROOM
BINGO
CABARET/DANCE
COMMERCIAL MOTION PICTURES
DISTRIBUTION OF ADVERTISEMENTS
JUNK YARD DEALER
LIMOUSINE SERVICE
MASSAGE PARLOR
MASSAGE TECHNICIAN
PAWNBROKER
PRIVATE SECURITY SERVICE
PUBLIC UTILITY
SPECIAL EVENT
TAXI SERVICE

Business Name : _____

Business Address: _____

APPLICATION FOR BUSINESS LICENSE

-Supplemental Form-

This business license application does not authorize you to conduct business. You will be notified by the Finance Department when your application is approved. At that time, you will be furnished a business license number.

1. If this is a home-based business, please also complete a home-based business form, which can be acquired from the business license clerk.
2. If you intend to operate a business within the redevelopment area, you may need a Redevelopment Permit. Please contact a planner in Community Development at 760-602-4600, or call Redevelopment at 760-434-2815.
3. If you are planning to change or install a sign for your business, contact Community Development at 760-602-4610.

4. What is the total square footage your business occupies? _____

5. Will this business be involved in any of the following?:

Wood Working _____ Hazardous Processes _____ Warehouse _____

Flammable Liquids _____ Painting _____

6. Type of business (please check one) :

Wholesale _____ Retail _____ Manufacturing _____ Consignment _____ Service _____

7. Previous use of site (please be specific): _____

8. Number of employees (including self) : _____

9. Will there be sale of alcoholic beverages? _____

If yes: On Sale _____ Off Sale _____ Beer/Wine _____ Liquor _____

10. Landlord/Property owner
(commercial locations only): _____

Address: _____